



**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

- |                                                                                                                              | YES                                 | NO                                  |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series?                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Is there a duplication of this series in another office or agency?                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?<br>Attach copy of summary or publication.      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling?                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures?                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed?                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why?                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file?                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout?                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files?                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 23. <sup>or</sup> License issued permanently.<br>Will there be a need for these records 10, 15 years from now? If yes, what? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

24. REQUIREMENTS. The following requires the files to be kept Indefinite years:

- a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☐ FEDERAL LAW    e. ☒ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

Licensed issued to individual is permanent.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☐ FISCAL YEAR ☒ OTHER See Below, then:

- ☐ Hold in the current files area \_\_\_\_\_ month(s)/\_\_\_\_\_ year(s):  
☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold \_\_\_\_\_ year(s):  
☒ Destroy.  
☐ Transfer to State Archives for permanent retention.  
☐ Destroy immediately after cut-off.  
☐ Other: (Specify)

Hold Candler's License in active files until notified that candler is no longer living; then, withdraw license from the active files, and place the license in the inactive files. Cut off inactive files at the end of each calendar year; hold in current files area 1 year; then, destroy.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>EROS</i>	11/21/72		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Ellis D. Sikis</i>	11/21/72
	State Auditor/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Dixon</i>	12-11-72
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Hart</i>	12-8-72
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Robert H. Bell</i>	12-12-72

STATE RECORDS  
COMMITTEE